N N	IIS:	SOL	JRI of	DI'	VIS	ION OF HEA	LTH - ST	T.					(h	. - ค∉รค:•	000	50892 NUMBER
DO NOT WRITE ON THIS STUB	X	AME	NDED	1		gistration District No		ZPrin	nary Registr	ation Distr	ict No. / 0 0	Registrar's N	<u></u>	CONTRACT	J STATE PILE	NUMBER
VS 300	<u>من من .</u> سال	<u>۳. </u>		1	- 1.	a. COUNTY	7 1964 JACKSON					2. USUAL RESID		deceased live	d. If institution	n: Residence before admission)
Rev. 4/59	AAAENIDED					b. CITY (If outside cor OR TOWN KAN	porate limits, giv	e TOWN:	SHIP only)	Len	gth of stay in 1b	c, CITY OR				Inside Limits
1	N A				_	r. FULL NAME OF (IF	SAS CITY	give loca	tion)	i	25 yrs	d. STREET	KANSAS		give location)	Yes No No Reside on Farm
23618	A TE	<u> </u>			_	HOSPITAL OR INSTITUTION	4134 Be	nton	Blvd.		Yes 🕅 No 🗆	ADDRESS	4134	Bentor		Yes [3] No □
3 /	Ī				3.	NAME OF DECEASED (Type or print)	First AMBR			Middl B.	•	Last S I MMONS	4. DATE OF DEATH	12-27-		Year
4 2						sex Male	6. COLOR OR Negro		7. Marri Widow	red [Never Married [] Divorced []	1-4-188	li l	82 vrs.	Months Day	AR IF UNDER 24 HR Hours Min.
6	S A					USUAL OCCUPATION during most of workin Minist	g life, even if re				VESS OR INDUSTR		(City and sta	te or country)	LIS A	OF WHAT COUNTRY
7 /	읽				13a	Fred Sim			l.,		R'S MAIDEN NAN	AE .	ין י	_		FE
R 🗻	AS F			1	15.	WAS DECEASED EVER	IN U.S. ARMED	FORCES?	16	nknow Social	L SECURITY NO.	17. INFORMANT			Simmons Address	
9/171X	w			L	-,··	s, no, or unknown) (If NO 18. CAUSE OF DEATH PART I.			— 1 4 1 — 1 1	••		Joy Mit	chell	4130 B	enton B1	vd. Daughte
10 I	۷ 2	_		MEN			DEATH WAS CA IMMEDIATE (Ca	re	mon	·	Pri	stat		CNSET AND DEATH
		2		OCC			٠.				,	5				<i>V</i>
240-0	THIS RECO					which ga above of stating t	eve rise to cause (a), the under-	DUE TO (E	$\overline{\Lambda}$	r (Ee c	zerla	ry a	ene	2	سعر	240
	8				Š	PART II.	OTHER SIGNIF				BUTING TO DEA	TH but not related	to the termin	nal PART	III If deceased there a preg	l was female was mancy in last 90 days.
	SIS				CERTIFICATION		7	ne	tas	ta	tie	aicu	يساري	F		No Unknown
	AMENDMENTS					19. WAS AUTOPSY PERFORMEDS YES NO	20a. ACCIDENT	SUICID	HOMIC	IDE :	206. DESCRIBE HC	W INJURY OCCURRI	:D. (Enter nate	ure of injury in	PAKI I OF PAKI	II of Item Ib.)
V 8	AME				MEDICAL	20c. TIME OF Hour s.m. p.m.	Month, Day,	Year	-		-	<u>-</u>				
BLACK INK OR RITER RIBBON					*	20d. INJURY OCCURRE WHILE AT WORK NOT WHILE AT V	in 1	e. PLACE farm, 1	OF INJURY	(e.g., in et, office		201. CITY, TOWN, C	OR LOCATION		COUNTY	STATE
PER OF	0.00	2			6	21. I attended to de	ייין אייין	yel	41	400		C 2/7		her him alive on	vee.	27-62
USE B	2	3		l.	[[0]	Death occurred at	41290	4 /bee		·	gon	date stated above	, and to the b	pest of my kno	wiedge, from the	22c. DATE SIGNED
USE BLACK OR TYPEWRITER		5		VIT OF	<u></u>	22a. SIGNATURE	23b-50ATE		23c. /	AME OF	CEMETERY OR CR	21:	23d. LOCAT	ION (City, tow	yn, or county)	(State)
		2			23/	BURIAL, CREMATIONS REMOVAL (Specify) Burial	4.12-31			Linc	oln		Kansa	s City,	Missour	i
	TC AA			3Y AF		funeral director atkins Bros	. Funera		oress ne 18t	h & B		TE RECD. BY LOCAL		REGISTRAN'S S	e don	Ħ
	-	- 1	1	" 	ــــا							ment on Reverse Sid	e)			

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STATEMENT BY LICENSED EMBALMER

ьу		, Student Embalmer No
orking under my personal supervision.		
rdent	Signed	Bruce R. Warking
Signature of Student Embalmer		
•		Licensed Embalmer No. 45-00
		P. O. Address / FW Y Sen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.